

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51	1					
2							52		2				
3							53		2				
4							54		2				
5							55		2				
6							56		2				
7							57		2				
8							58		2				
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10							60		2				
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			10				TOTAL IND.						
TOTAL DEP.			39				TOTAL DEP.						
TOTAL CLAIMS			49				TOTAL CLAIMS						